'Accept who they are and adapt to them':

how social care practitioners' adapt their practice to autistic individuals

Lesley

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Presentation plan:

- The Facilitated Practice-based Research approach underpinning the study
- How the topic for the research emerged
- Key findings from the research
- Practice adaptions and final reflections

Facilitated Practice-based Research (FPR) (© University of Sunderland), Deacon 2022, Deacon 2023

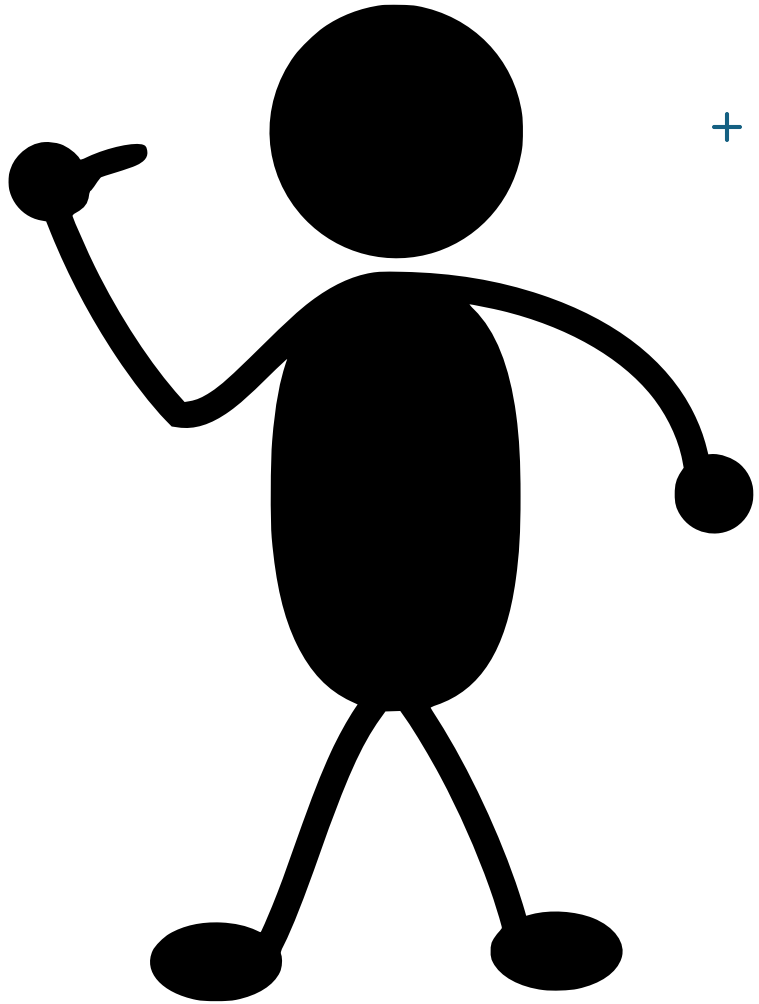
- Model designed to bridge the gap between social work research and practice
- Emerged from my lived experience of being a neurodivergent social worker and researcher
- Eclectic and interdisciplinary approach to engaging practitioners in practice research through trauma-informed, neuroinclusive approach (Deacon, Stamp and Keyes, forthcoming)
- Practitioners and academic researchers collaborate to co-design, co-conduct and co-analyse a piece of group practice research relevant to the practitioners.
- This cohort consisted of 9 NIHR Regional Research Delivery Network **Social Care Research Ambassadors** from social care, 2024-25 .
- Neuro-mixed group, some of the group identify as neurodivergent themselves.

Lesley

Autistic-ADHDer

Positionality

- Whilst the topic emerged from practitioners and their reflections, I was the lead facilitator.
- I am an autistic-ADHDer.
- The intention of the research was to understand the *playing field*. i.e. what is **currently happening** in practice to help us understand where training to **enact neuro-inclusive practice** is needed.



Lesley

How the research topic emerged

Lindsey

FEEDBACK

Any ideas?

Possible areas for research	Possible areas for research

Tell me about some of your reflections on practice following Session 1.

These are initial ideas based on the knowledge/experience of the group. they do not need to b
fully formed. We will adapt these as we go...

Task

FEEDBACK

WORK IN PROGRESS

Possible areas for research	Possible areas for research
Decision making – how practitioners make decisions, evidence-base, power and perceived power; how to capture the **real** voice; building narratives; impact of stress.	**Neurodiversity** – how ND people are dealt with differently; training; ND staff; gap in post-diagnostic services e.g. young people with ADHD.
The nature of practice; procedural; precariousness of short-term projects; gaps in services; money; how practice is received; working **with** people.	

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Task

FEEDBACK

WORK IN PROGRESS

Possible topic

Exploratory study focused on Neurodiversity

- Explore the extent of self-reported understanding and knowledge of ND is (in practitioners)
- Do they 'see it' in their practice, if so, what does it look like?
- How do they adapt their practice to ND needs with service users (across children and adults)
- How confident do they feel in their knowledge and practice of ND?
- What training have they received e.g. before practice and during practice.
- How do they involve ND people in decision making , how much power do ND SU's have in this? Does this feel authentic? Examples of what this looks like.
- What services for ND people are practitioners aware of, do they access them? What is on offer?
- Participants: Social care practitioners who work in NENC within a social care environment, or do we focus in? Lots of research emerging on lived experience but less on practitioner knowledge.

Task

FEEDBACK

WORK IN PROGRESS

Possible topic

An exploratory study of practitioners self-reported understanding and knowledge of Neurodiversity

- What is ND, according to practitioners?
- Do they see examples of ND in their practice, if so, what does it look like? Are they ND, do they know people who are ND?
- How do they adapt their practice to ND needs with service users (across children and adults)
- How confident do they feel in their knowledge and practice of ND?
- What training have they received e.g. before practice and during practice.
- How do they involve ND people in decision making , how much power do ND SU's have in this? Does this feel authentic? Examples of what this looks like.
- What services for ND people are practitioners aware of, do they access them? What is on offer?

Participants: Social care practitioners who work in NENC within a social care environment

Research

What do social care practitioners understand about the concept of Neurodiversity?

The aim of the study is to conceptualise knowledge of neurodiversity from the perspective of social care practitioners working in the North East/Cumbria regions.
How confident do practitioners feel in their knowledge of neurodiversity?
What examples of neurodivergence do practitioners observe in their practice?
How do practitioners adapt their practice to ensure the involvement of neurodivergent service users?
What training and/or further research might be beneficial to improve knowledge and practice relating to Neurodiversity.

Specific questions (further probes to be added):

- What do you understand by the terms 'neurodiversity', 'neurodivergence' and 'neurotypical'? (This is not a test. we are just trying to determine your knowledge and/or experience of it.)
- What training have you received in Neurodiversity e.g. in education and in practice.
- Do you see examples of neurodivergent people in your practice? If so, what does this look like?
- How do you adapt your practice differently to meet the needs of neurodivergent people?
- How do you involve neurodivergent people in decision making? How much power do think neurodivergent people have in this? Does this feel authentic? Please give examples of what this looks like.
- How confident do you feel in your knowledge and practice concerning neurodiversity?
- What services are you aware of, for neurodivergent people? Do you know neurodivergent people have been able to access them?
- Is there anything else you would like to tell us?

Methodology and Methods (Deacon 2022, 2023)

- In FPR we utilise an exploratory qualitative approach to understand lived experiences – people we work with, colleagues etc. In this research = social care practitioners.
- Applied Social Science basis.
- Ethical approval (December 2024, 030169)
- **Research question: What do people who work in social care understand about the concept of neurodiversity?**
- Methods: neuro-inclusive interviews/focus groups (in person/online/with support).
- Approach to analysis: three-phase thematic analysis employing quality control measures to ensure rigour (Aspray et al. 2025).

Lesley

Lesley

Participants:
N=15

Data collection:
FG = 7 (online)
I = 2 (in person)
I = 6 (online)

Neurodivergent?
ND = 8

Settings:
Adults = 8
Children = 3
Both = 2

Code	Neurodivergent	Adult / Children & Families	FG/I
P1	No	Adults	FG1
P2	Yes	Children	FG1
P3	Yes	Adults	FG1
P4	Yes	Adults	FG1
P5	Yes	Adults	FG1
P6	No	Children	FG2
P7	No	Both	FG2
P8	No	Both	I
P9	Yes	Children	I
P10	Yes	Adults	I
P11	Did not answer	Did not answer	I
P12	Yes	Adults	I
P13	No	Adults	I
P14	Yes	Adults	I
P15	Did not answer	Did not answer	I

Findings relating to autism: Neurodiversity, diagnostic labels and knowledge

- Participants interchange the terms neurodiversity and neurodivergence *I would classify myself as neurodiverse* (P11)
- They see neurodiversity as something new and positive *how brains function differently (P5) embracing differences* (P2)
- They see the diagnostic term as the label, which applies a deficit lens i.e. ASD. But access to services is problematic *you can't access anything without a diagnosis (*P4)
- Organisations, particularly Local Authorities are perceived to be behind with neurodiversity knowledge/training *definitely not enough out there* (P9)
- Knowledge therefore comes from personal experience *the onus does feel like I'm doing it on my own* (P8), or tacit rules (through other professionals' knowledge) *whenever we suspect… [the speech and language therapist] works with you* (P2)

Lindsey

Findings: Conflation of learning disability with autism

- Training: from lived experience for some, informal for others e.g. social media.
- Specific training in Adult Social Care: 'The Oliver McGowan Training on Learning Disability and Autism' (mandatory for health and care workers)
- Possible unintended consequence: practitioners not confident raising potential of autism with individuals: *embarrassment comes that I might offend someone* (P9), *worry about saying the wrong thing* (P7).
- Most training offered is out-of-date and deficit-based, not neuroinclusive.

Lindsey

Findings: How practitioners adapt their practice

- Prepare by thinking about the person first with *empathy* (P11) *it's about seeing them… adapting communication to them* (P7)
- Practitioner should adapt to the person, not the other way around, be able to *read the room* (P3)
- Specific adaptions: lower tone (P3) *plain language* (P2) *not to use colloquialisms* (P1), *you'll not put as much perfume on* (P3)
- Being exact e.g. with time *when I make an appointment I am always on time* (P13), *stood outside…waiting for the exact time to bang on the door* (P14)
- Focus on individual's specialist interest *I found that mutual thing of music that we liked… It was mutual… I found his special interest* (P1)
- Time: give more time for processing, *it's probably going to take more…and you've just got to invest that time* (P1) *go at the individual's…pace* (P12)
- Need to adapt to the individual not the label, don't assume or pigeon-hole people, *the diagnosis label is different because every person is different* (P3).

Lindsey

Application to Autistic Space(S) (Guthrie et al. 2024)

SPACE(S), Guthrie et al. (2024) applied to autism examples from our study (only)

S	Sensory	Considering sensory issues, such as perfume and deodorant
P	Predicatbility	Being specific about time and sticking to it
A	Acceptance	Accept the person as they are
C	Communication	Reduce coloqualisms, be exact, explore special interests
E	Empathy	Potentially use own neurodivergence to help in understanding others
(S)	Social safety and support	Practitioners recognised and were concerned by the potential labels applied to autistic people

Lesley

Discussion:
Acceptance is key

- Acceptance – conceptually and pragmatically
- Accept the individual, as an individual, and adapt to them
- Accept their needs
- Accept how they communicate
- Accept it may take more time
- Accept ability to engage may fluctuate
- Accept that as practitioners, we should challenge our own assumptions

Lindsey

Limitations

- Small-scale study qualitative study
- Self reported by practitioners.
- Self-selected group who were largely positive about neurodiversity.
- Explored neurodivergence more broadly not just autism.
- Majority of participants were from adult services. They were working with adults who had a diagnosis for autism and who had needs according to the Care Act (2014).
- More complex picture for Children and Families' Services such as perception of autistic mothers (Benson 2023)
- E.G. Deacon et al. (forthcoming) parent-carers experiences of social work Children and Families. Range of neurodivergence: Autism, ADHD, collaborative autoethnography. Key themes:
  - 'I just expected them to help' but they said 'we can't help you': parent-carers expectations and experiences of social work
  - "Look, your child is not autistic": the knowledge gap of practitioners
  - "Another system of control": weaponizing safeguarding and withholding access to support
  - "Our neurodivergence is seen as a risk": neurodivergent parent-carers knowledge

Lesley

Final reflections

Whilst self-reported, these practitioners demonstrated a positive view of Neurodiversity.

These practitioners wanted to move away from deficit-based labelling

These practitioners acknowledged they should adapt to the individual, not the other way around.

Lesley

Thank you for listening!

Any questions?

Lesley

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